

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 3842-13

C# M#

CORNELIUSSEN et al

TC/A.U.

2645

Serial No. 10/050,043

Examiner: Chow, M.

Filed: January 17, 2002

Date: July 2, 2004

Title: IMPROVEMENTS IN SERVICE ORIENTED NETWORKS

FACSIMILE CERTIFICATE

I hereby certify that this Amendment  
is being transmitted by facsimile to  
the Patent and Trademark Office on  
July 2, 2004, specifically to 703-872-  
9306.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUL - 2 2004

**OFFICIAL**

Sir:

Signature

H. Warren Burnam, Jr.  
Reg. No. 29,366No. of pages transmitted (including  
this cover sheet): 11 pagesRESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.

## Fees are attached as calculated below:

Total effective claims after amendment	20	minus highest number previously paid for	20	(at least 20) =	0	x \$ 18.00	\$ 0.00
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Independent claims after amendment	5	minus highest number previously paid for	3	(at least 3) =	2	x \$ 88.00	\$ 172.00
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If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)	\$ 0.00
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Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)	\$ 0.00
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Terminal disclaimer enclosed, add \$ 110.00	\$ 0.00
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<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00)	\$ 0.00
<input type="checkbox"/> Please enter the previously unentered , filed	
<input type="checkbox"/> Submission attached	

<b>Subtotal</b>	\$ 172.00
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If "small entity," then enter half (1/2) of subtotal and subtract	\$ 0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith	

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$ 0.00
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Assignment Recording Fee (\$40.00)	\$ 0.00
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Other:	\$ 0.00
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<b>TOTAL FEE ENCLOSED</b>	\$ 172.00
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The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8<sup>th</sup> Floor  
Arlington, Virginia 22201-4714  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
HWB:Ish

NIXON & VANDERHYE P.C.  
By Atty: H. Warren Burnam, Jr., Reg. No. 29,366

Signature: RECORDS

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1D/050043

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 = * 0	
INDEPENDENT CLAIMS	3 minus 3 = * 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

Smc. Amat 7/21/04

CLAIMS AS AMENDED - PART II

8/10/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	Minus	** =
Independent	5	Minus	*** 2 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	122
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	